PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a vaild OMB control number.

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number 10/660,336 Filing Date 09/11/2003 | | | | To be Mailed | |
|---|---|---|--|---|--------------|--|---|--|---|----|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY | | | | HER THAN ALL ENTITY | |
| FOR NI | | | NUMBER FI | LED | NUMBER EXTRA | | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | | N/A | | 1 | N/A | | |
| | SEARCH FEE (37 CFR 1.16(k), (i), | or (m)) | N/A | | N/A | | | N/A | |] | N/A | | |
| | EXAMINATION FE (37 CFR 1.16(a), (p), | E or (q)) | N/A | | N/A | | | N/A | | | N/A | | |
| TO (37 | FAL CLAIMS CFR 1.16(i)) | | minus 20 = | | • | | П | x \$ = | | OR | x \$ = | | |
| IND (37 | EPENDENT CLAIM CFR 1.16(h)) | | minus 3 = * | | | | | x \$ = | |] | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE she is \$ add | If the specification and drawing sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (| | | n size fee due for each thereof. See | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | 1 | | | |
| * If | * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | | 1 | TOTAL | | |
| | APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| AMENDMENT | 03/29/2007 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.18(1)) | • 29 | Minus | 29 | | = 0 | П | x \$ = | | OR | X \$50= | 0 | |
| | Independent (37 CFR 1,16(h)) | • 4 | Minus | 4 | | = 0 | П | x \$ = | | OR | X \$200= | 0 | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| | | (Column 1) | | (Column : | _ | (Column 3) | | | | | | | |
| L | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBER PREVIOUS PAID FO | R SLY | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| AMENDMENT | Total (37 CFR 1,16()) | | Minus | | | = | П | x \$ = | | OR | x \$ = | | |
| Ž | Independent (37 CFR 1,16(h)) | | Minus | *** | | = | П | x \$ = | | OR | x \$ = | | |
| ā | Application Size Fee (37 CFR 1.16(s)) | | | | | | П | | | 1 | | | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| Γ | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| ** 16 | If the entry in column 1 is less than the entry in column 2, write 0° in column 3. If the Highest Authore Proviously Park For IV THIS SPACE is less than 30, enter "20". If the Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "20". Rozenia Harmon Rozenia Harmon The Highest Number Proviously Park For IV THIS SPACE is less than 3, enter "3". Rozenia Harmon Rozenia Harmon Rozenia Harmon | | | | | | | | | | | | |

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life light by the USFTO to moceously an application. Confidentiality is ownered by 80 Sec. 72 and 37 CER. 1.16. This colded no estimated to take 92 annuals to complete a position form to the USFTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the sent to the CEM information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450.